FORM 3X

20-15:00:0M:0M:000-160-17

FE7AN014

FEC

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 AUG -3 AH 11: 18

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Amerii, Cans	4			لسبسب
<u> </u>				لسنسسا
ADDRESS (number and street	$P_1O_1 B_1O_1 I_1O_2$	12280		
Check if different than previously reported. (ACC)	[C,1,e,v,e,1,a,n,a	4	10 H 1441	<u> 0,2 - </u>
2. FEC IDENTIFICATIO	N NUMBER ▼ CIT	TY A	STATE ▲	ZIP CODE A
C00569	47.5 3. K	S THIS NEW (N)	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20	(M5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M6) Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Rep		20 (M4) Jul 20 (I	M7) Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Rep	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)	14.00
Quarterly Rep January 31 Year-End Rep	Floatie	on on		in the State of
July 31 Mid-Y Report (Non-e Year Only) (M	POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination R (TER)	eport Report for the: Election	on on	/	in the State of
5. Covering Period	01/01/201	Š through	7 3 1 20	15
I certify that I have examin Type or Print Name of Tre	asurer Geoffice	P. Loree	is true, correct and comple	ete.
Signature of Treasurer	SPC.		Date 0.1 3	7 20,15
NOTE: Submission of false,	erroneous, or incomplete informatio	n may subject the person sign	ing this Report to the penalt	ies of 52 U.S.C. § 30109
Office Use Only				FORM 3X Rev. 12/2004

2015:08:08:08:00016818

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name		
Americans 4		
Report Covering the Period: From:		o: 07 3.1 20.15
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2.0.15		0.0.0.0.0
(b) Cash on Hand at Beginning of Reporting Period	0,0,0,0,0	
(c) Total Receipts (from Line 19)(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines		Lo,o
6(a) and 6(c) for Column B)	اه المالية الم	1,2,1,0,0
7. Total Disbursements (from Line 31)	0,0,0	0,0,0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	L., a, a, l, d, l, a, o	10,10,10,0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20,0,00	
This committee has qualified as a multical	andidate committee. (see FEC FORM 1M)	·
	For further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Pagė 3

the good on come dependence

Write or Type Committee Name		
Americans 4		
Report Covering the Period: From:	1 2015	To: 0.7 3.1 2,0,15
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)		1,0,0,0
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	[1,0,0,0
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		A 4 C) A A C) A 5 C) B
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶		
12. Transfers From Affiliated/Other		
Party Committees		
13. All Loans Received		
44 Losi Banamanta Banahad		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		Commission September 1997
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶		À
:=, .5, .5, .5, .7,	<u> </u>	/,0,0
20. Total Federal Receipts		· .
(subtract Line 19(c) from Line 10)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total Tillo College	Galeridai Tear to Bate
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures	* * * * * * * * * * * * * * * * * * * *	
22	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party		
22.	Committees		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
	(use Schedule E)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
	(use Schedule F)		
26.	Loan Repayments Made		
27. 28.	Loans Made Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	man Folitical Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
		* * * * * * * * * * * * * * * * * * *	V V V V V V V V
29.	Other Disbursements		
20	Foderal Florian Activity /EQ 11 C.C. 6 20101/	20)	
30.	Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity	20))	
	(from Schedule H6)		
	(i) Federal Share		
	•		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
21	Total Disbursements (add Lines 21(c), 22,		
٥١.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
	20, 21, 20, 20, 21, 20(d), 23 and 30(d))		Lunuauau
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

38. Net Operating Expenditures

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3).....

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SCHEDULE A (FEC FORM 3X)	lice senarate schodula(s)	FOR LINE NUMBER: PAGE OF
ITEMIZED RECEIPTS Use separate schedule(s) for each category of the		(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information period from such Benedic and Statements me	w not be cold or used by any no	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)		
) Americans 4	•	
.Full Name (Last, First, Middle Initial)	- 	
A. Frank Patrick		Date of Receipt
Mailing Address		
118 Capen Street		0.5 1.6 20.15
City Medford MA	Zip Code 2_155	·
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupation	_	
Descire Ferri	unt Executive	
Receipt For: Primary General Aggregate	Year-to-Date ▼	
Other (specify)		·
Basic Donation		
Full Name (Last, First, Middle Initial)		
B.	<u></u>	Date of Receipt
Mailing Address		Men / Ded / Yeve
City State	Zip Code	
<u> </u>		Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
Name of Employer Occupation		7
Pagaint For	· · · · · · · · · · · · · · · · · · ·	_
Receipt For: Aggregate Primary General	Year-to-Date ▼	
Other (specify) ▼	A - A - A -	
Full Name (Last, First, Middle Initial)		Data of Bossi-t
C. Mailing Address	<u></u>	Date of Receipt
maining / notices		
City State	Zip Code	Entertain and the property of the second sec
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupation		
Receipt For:	Voor to Date =	-
Primary General Aggregate	Year-to-Date ▼	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)	>	1,00
TOTAL This Period (last page this line number only)		1.00

2	
<u>0</u> 8	
0 3 -	
03	
00016825	
ind.	

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s)		R LINE NUMBER: eck only one)				IGE OF			
HEINING DISBURSEINIEN IS	for each category of the Detailed Summary Page		21b [22		23	24	\Box	25	<u> </u> 26
	Detailed Summary rage		27	28a		28b	28c	Ш	29	30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
Americans 4										
Full Name (Last, First, Middle Initial)										
A.				Date of	Dis			~~		elemia elemia
Mailing Address				M W M	, , , , , , , , , , , , , , , , , , ,	D		у ш т эко ^Д опана	a , a	
City	State Zip Code			, -						
Purpose of Disbursement		and the same of the	7	Amount	of I	Each	Disburse	mont	thic B	oriod
Candidate Name		Categor Type	y/		-qy-man-	a	Disbuise	· · · · ·	-C	enou .
Office Sought: House Disburse Senate	ment For: Primary General	1900			e Samuella) Desamble	1	enn Beren	albana di dilik	
President	Other (specify)									
State: District:		-								
Full Name (Last, First, Middle Initial) B.				Date of	Dis					
Mailing Address	•			W e K	/	D		Y B Y		Y
City	State Zip Code									
Purpose of Disbursement		V					Dishaas		46:- F	ام ماند ما
Candidate Name Category/ Type				Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:	Турс		language Samuel) <u>(2</u>	2000)2	Lance Order Street		
Senate	Primary General									
State: District:	Other (specify)				,					
Full Name (Last, First, Middle Initial)	<u> </u>									
C .				Date of	Dis	burse	ement		and the same of	-
Mailing Address				N M M	,			, s y	w y u	ALCOMANDADA
City	State Zip Code									
Purpose of Disbursement				Amarin	i of I	Each	Diebures	men*	thic 5	Pariod
Candidate Name		Categor Type	y /	AIIIOUIII			Disburse	ciil	una F	CHOU TO
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		-	13) P				
State: District:										
SUBTOTAL of Disbursements This Page (optional).		·····	<u> </u>			7 <u>7.</u> A			4 J	,
TOTAL This Period (last page this line number only)		•							n.

SCHEDULE C	(FEC	Form	3X)
LOANS			

SCHEDULE C (FEC Form 3X)	
OANS	Use separate schedule(s) PAGE OF
CANS	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Americans 4	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary
	General
Mailing Address	Other (specify)
City State ZIP C	ode
Original Amount of Loan Cumulative Payment 1	·
Date Incurred Date Du	e Interest Rate Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** Interest Rate (APR) Amount of Loan Full Name Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name Signature Title

DEBTS AND OBLIGATIONS		(1)22 222	(Use separate PAGE OF			
		schedule	e(s)	FOR LINE NUMBER		
		for eac		(check only one)	9	
		<u> </u>				
Americans 4					•	
A. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Natu	re of D	ebt (Purpose):	-	
			÷	•		
Mailing Address	· ·					
City	7in Code			· ·		
City State	Zip Code					
Outstanding Balance Beginning This Period						
			•			
Amount Incurred This Period	Payment This Period	Oı	utstandir	ng Balance at Close o	f This Period	
				- 23	<u> </u>	
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Natu	ure of D	ebt (Purpose):		
			•		•	
Mailing Address						
City State	Zip Code					
· · · · · · · · · · · · · · · · · · ·	· ·			·		
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Payment This Period	01	utstandii	ng Balance at Close o	of This Period	
		L			<i>5</i>	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Natu	re of D	ebt (Purpose):	·	
		Ì				
Mailing Address						
City	State Zip Code					
- Chy	Ciale Zip Code					
Outstanding Balance Beginning This Period			_			
				•		
Amount Incurred This Period	Payment This Period	O	utstandii	ng Balance at Close o		
1) SUBTOTALS This Period This Page (optional)				a	
2) TOTALS This Period (last page this line numb	per only)	>				
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	>			, s	
4) ADD 2) and 3) and carry forward to appropria	ate line of Summary Page (last page of	only) ▶				
,,,,,, approprie		···· 7 / * [A. A.			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americans4	Co.o.5.69.475
Check if24-hour report48-hour reportNew report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
	MEM / DED / VEYEVEY
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	Man / Dap / Andrew
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	Maw / Dag / Asabad
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	000 / 000 /
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calcindat (Cal lo Dato	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(h) OUDTOTAL of University of Indianandary Superdistance	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Date 0	7 31 2015
Signature	identificated definition of the second secon

PAGE

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SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)	Check if
Americans4	24-hour notice
Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee?	٠.
YES NO	
If YES, name the designating committee: Mailing Address	
City Sta	te ZIP Code
Only Sta	
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expe	enditure
	Category/
Mailing Address	Type
City State Zip Code Date	
Name of Federal Candidate Supported Office Sought: House State: Amount	
Senate District: Presidential	and the state of t
Aggregate General Election	
Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Exp	enditure
Mailing Address	Category/ Type
Date	
City State Zip Code	
Name of Federal Candidate Supported Office Sought: House State: Amount Senate District:	
Senate District: Presidential	
Aggregate General Election	
Expenditure for this Candidate	
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Exp	enditure
	Cotogory
Mailing Address	Category/ Type
City State Zip Code Date	
Name of Federal Candidate Supported Office Sought: House State: Amount	
Senate District: Presidential	
Aggregate General Election	
Expenditure for this Candidate ▶	•
SUBTOTAL of Expenditures This Page (optional)	
TOTAL This Period (last page this line number only)	2 4 4 4 E

PAGE

OF

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Americans4
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

2015 : 00 : 0M : 0M : 000160M0

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full) A Mericans 4				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.				
Methods of allocation:				
FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.	od" where the federal pro	pportion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public committed federal and nonfederal candidates, regardless of whether there is a reare allocated using a time/space method.	t derived by federal candi unications or voter drives	idates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
New Revised Same as Previously Reported				

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE	18a OF FORM 3X

IAME C	OF COMMITTEE (In Full)	1.	·································
 -	Americans	T	
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		7 0 0 0 7 0 0 0 7	
	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		manufactured December 12 Decem
ii)	Generic Voter Drive		
 - : iii)	Exempt Activities		
	Direct Fundraising (List Activity or Event Idea		hannadarina Cara Maria da mandarina da Provincia mandarina da Cara da mandarina da Cara da Cara da Cara da Car
,			eg
	a)		
	b)		
	c) Total Amount Transferred For Direct Fundra		Annual Inspect of the state of the second inspect of the second in
V)	Direct Candidate Support (List Activity or Ev	ent identifier)	
	a)		
	b)		
	c) Total Amount Transferred For Direct Candid	date Support	
vi)	Public Communications Referring Only to I	Party (Made by PAC)	
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	ED
TOTAL	This Period (Administrative)		The state of the s
TOTAL	This Period (Generic Voter Drive)	2000	Account 2 Descriptions of the control of the contro
TOTAL	This Period (Exempt Activities)		And the state of t
TOTAL	This Period (Direct Fundraising)		
TOTAL	This Period (Direct Candidate Support)		
TOTAL	This Period (Public Communications Referring	Only to Party)	
TOTAL	This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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Mailing Address Administrative Fundraising Exempt	N/	AME OF COMMITTEE (In Full)				
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SCHEDULE H5 (FEC Form 3X)

BREAKDOWN OF THIS TRANSFER i) Voter Registration

BREAKDOWN OF THIS TRANSFER i) Voter Registration

NAME OF ACCOUNT

NAME OF COMMITTEE (In Full)

TRANSFERS OF LEVIN FUNDS REC ALLOCATED FEDERAL ELECTION A

(To be used by State, District and Local Pa

ERS OF LEVIN FUNDS RECEIV TED FEDERAL ELECTION ACT			
ed by State, District and Local Party		PAGE OF	
		FOR LINE 18b OF F	ORM 3
COMMITTEE (In Full)	:		
Americans4			
DF ACCOUNT DATE O	OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
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DOWN OF THIS TRANSFER			
i) Voter Registration	VOTER REGISTE	RATION	
Total Amount Transferred for Voter Registrat	ion		
	V	OTER ID	
ii) Voter ID			
Total Amount Transferred for Voter ID			
iii) GOTV		GOTV	
Total Amount Transferred for GOTV		A A A A A	
	<u> </u>	GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campa	aign Activity		
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DF ACCOUNT DATE (OF RECEIPT	TOTAL AMOUNT TRANSFERRED	
TM TM			7
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DOWN OF THIS TRANSFER			
i) Voter Registration	VOTER REGISTA	RATION	
Total Amount Transferred for Voter Registral	ion	g: M tal , La (5)	
	Barriel (A. C. A.	OTER ID	
ii) Voter ID			•
Total Amount Transferred for Voter ID			
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Total Amount Transferred for GOTV			
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iv) Generic Campaign Activity	gram (GENERIC CAMPAIGN ACTIVITY	
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OTAL This Period (Voter Registration)		· · · · · · · · · · · · · · · · · · ·	
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CIAL THIS I CHOO (TOTAL MINORILL OF TRANSPERS MED	·eiveu)	<u>p</u>	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	(OF		
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NΑ	ME OF COMMITTEE (In Full)	
	Americans 4	
-	A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
٠	A. Full Ivalile (Last, First, Miloule Illilial) / Full Organization Ivalile	Voter Registration GOTV
,		Voter ID Generic Campaign
	Mailing Address	Allocated Activity or Event Year-To-Date
	City State Zip Code	
	City Zip Oode	Tempong an antidated a track a table and attached annual (A.S.). To a track a 100 Consumment of the c
j	Purpose of Disbursement Category/	Date Date
	Type	TOTAL AMOUNT
	FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT
	B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaign
٠.		Generic Gampaign
	Mailing Address	Allocated Activity or Event Year-To-Date
	City State Zip Code	
	Purpose of Disbursement Cotogony	
	Category/ Type	Date
	FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
	C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campaign
		Generic Campaign
•	Mailing Address	Allocated Activity or Event Year-To-Date
	City State Zip Code	
	Purpose of Disbursement	
	Category/ Type	Date
	FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
SI	JBTOTAL of Shared Federal and Levin Activity This Page	
	FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
TC	TAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	30(a)(ii))
	FEDERAL SHARE	TOTAL AMOUNT
	LEVIN SHARE	
TC	OTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) AMerican	s 4	
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL C ALLOCATION ACCOUNT (Use Schedule L-B)	DR .	
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January		
8. RECEIPTS(from Line 3)		
9. SUBTOTAL(Add Lines 7 and 8)		
10. DISBURSEMENTS		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		
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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:

1a	2

OF

PAGE

(check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) tmericans" Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt

Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			
Occupation			Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)	<u> </u>	
TOTAL This Period (last page this line number only)	- -	

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBE	R:	PAG	E	OF	
(check only one) [_
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	4	lb	4d		

		any person for the purpose of soliciting contributions
or for commercial purposes, other than		nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) Americans		·
Full Name (Last, First, Middle Initial)		1 2 2
•		Date of Disbursement
Mailing Address		NAW / DAD / ARABARA
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial)) / Full Organization Name	
		Date of Disbursement
Mailing Address		Maw / Dad / Arana
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial)) / Full Organization Name	
		Date of Disbursement
Mailing Address		MAN / DED / YEARY
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial)) / Full Organization Name	
•	•	Date of Disbursement
Mailing Address		WHW / DAD / ABARARA
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	·	
Full Name (Last, First, Middle Initial)) / Full Organization Name	
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City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Pa	age (optional)	
	e number only)	

NOTE OO ON ON OODDIONS

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FedEx carbon-neutral envelope shipping

BILL SENDER

Align top of FedEx Express® shipping label here.

FEDERAL ELECTION COMMISSION 999 E ST NW

UNITED STATES US

ORIGIN ID:LNNA

WASHINGTON DC 20463

MON - 03 AUG AA STANDARD OVERNIGHT

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
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Overnight Delivery Service (Specify): Fed 6	Shipping Date 7/31/15 Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
PREPARER	8/3/15
(3/2015)	DATE PREPARED